

# Arizona Health Improvement Plan



Health in All Policies/  
Social Determinants of Health  
*2021-2025*





# Acknowledgements

The Arizona Health Improvement Plan (AzHIP) was developed collaboratively with input from partners and stakeholders across the state.

## The plan received input from:

- The AzHIP Steering Committee, comprised of multi-sector leaders engaged in the public health system;
- [Core and Work Team members](#);
- Community partner and stakeholder forum participants;
- Attendees of the annual AzHIP summits; and
- On-line survey responses from subject matter experts.

The Arizona Department of Health Services (ADHS) thanks everyone who contributed their time, ideas, and expertise to building the AzHIP and the vision of Healthy People, Healthy Communities.

# AzHIP Steering Committee Members

**Dr. Cara Christ - Co-Chair**

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# Letter from the Director

Dear Arizonans,

I am honored to share the 2021-2025 Arizona Health Improvement Plan (AzHIP) with you. The AzHIP is a plan for the entire state, which was developed by, and reflects the commitment of, public health, community partners, and dedicated stakeholders at the state and local levels to improving health in our communities.

In 2016, we shared the first AzHIP providing a five-year roadmap with 13 health priorities and four cross-cutting issues, including Access to Care, Built Environment, School Health, and Worksite Wellness. Over 350 unique action items were completed as a part of these priority areas to address key public health issues in Arizona. This work would not have been possible without the numerous partners who contributed to the development of the plan and especially those who took action across the state to support the various strategies.

The 2021-2025 AzHIP continues our dedication to improving the health and wellness of all Arizonans. The plan was developed using a process to bring together a network of partners to align resources and efforts. As progress of the first plan continues, this iteration focuses on a smaller number of priorities which underlie multiple health issues and disparities. The vision of each of the priorities reflect collective action taken by multiple partner organizations to achieve the goals and actions set forth.

Thank you to everyone who helped develop this plan and to all who will contribute to its implementation.

A handwritten signature in black ink, reading "Cara M. Christ MD". The signature is fluid and cursive, with the letters "C", "M", and "C" being particularly prominent.

Cara M. Christ, M.D.  
Director  
Arizona Department of Health Services

# Summary & Background

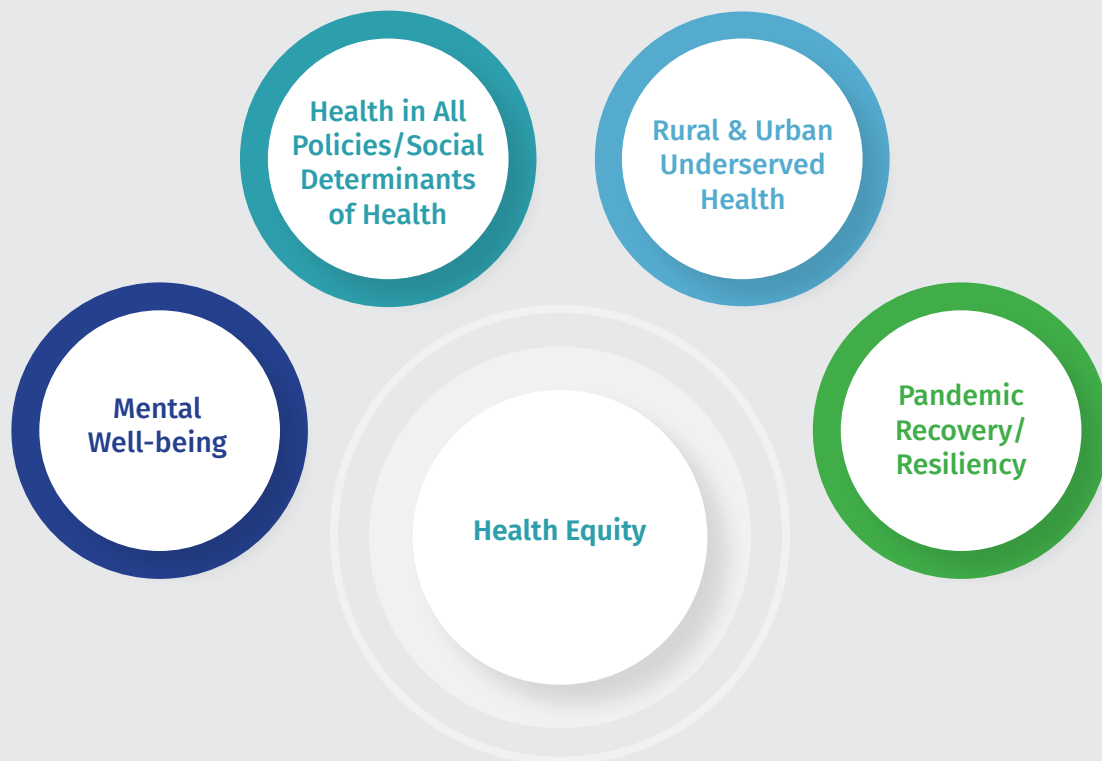
The AzHIP provides a structure and a venue bringing together a networked system of partners to improve the health of communities and individuals across Arizona. Driven by data and community participation, the AzHIP includes input from individuals and organizations who comprise the public health system. The plan aligns the state on common goals by enhancing non-traditional partnerships, focusing work on priority areas, breaking silos, and leveraging [community health improvement plans](#) (CHIPs) statewide. By identifying priorities specific to Arizona's needs, the plan can make the greatest impact on health promotion and disease prevention.

The first plan spanned 2016-2020 and described how ADHS and community partners and stakeholders worked together to address four cross-cutting issues and 13 health priority issues to significantly impact large numbers of Arizonans.

The 2021-2025 AzHIP builds on the progress of the 2016-2020 AzHIP and consists of five strategic priorities which focus on underlying health issues and significant overarching health disparities faced by Arizonans, including impacts of the COVID-19 pandemic.

The process to set the new priorities for 2021-2025 included a collaborative approach informed by the [State Health Assessment](#), which provides a snapshot of health and wellbeing in Arizona, presentations to stakeholders, a partner survey, and Summit participation. Centered on Health Equity, the AzHIP provides a unique opportunity to transform the health of our communities through strong, innovative partnerships.

## AzHIP 2021 - 2025 Priorities



With the guidance of the AZHIP Steering Committee, a [Core Team of subject matter experts](#) and community leaders for each priority team drafted the vision, goals, and overarching strategies of this plan.

To ensure the **5-year plan** is flexible and can account for emerging health issues, the initial action plans focus on **18-24 months** of work. Work on the Pandemic Recovery & Resiliency priority is in progress and will be an update to the plan when complete.

The teams referenced relevant literature, evidence based and promising practices, and the [10 Essential Public Health Services](#) and [Healthy People 2030](#) frameworks as guides in their approach to, and development of, tactics and actions.

Where appropriate, the priority teams leveraged additional subject matter experts as subgroups to bring a detailed focus to proposed actions. Key in the development of each priority were statewide forums to capture and incorporate community input. **Over 380 attendees** participated in the four Forums [providing valuable feedback](#), including suggestions of tactics, incorporating existing efforts, and volunteering to lead actions.

**Additionally, priority teams considered the following:**



As part of the integration of health equity, attention to cultural humility is embedded in all of the 2021-2025 priorities. Cultural humility acknowledges that someone's culture can only be appreciated by learning from that person. Attributing traits or attitudes to members of a certain group may not be accurate or helpful in understanding them<sup>1</sup>.

**The AzHIP will be implemented by a wide range of public and private partners, including:**

**State agencies**

**Local health departments**

**Community-based organizations**

**Employers and private organizations**

**Universities**

**Local non-profits**

**Other local agencies and organizations**

<sup>1</sup>National Association of Chronic Disease Directors, <https://chronicdisease.org/state-health-department-organizational-self-assessment-for-achieving-health/>



# Priorities

Numerous community and stakeholder forums were held during the planning of the 2021-2025 Arizona Health Improvement Plan (AzHIP). In total, over 500 individuals participated from both private and public organizations across the state. These forums were designed to ensure the AzHIP priorities were meaningful and addressed the most important issues to Arizonans.

Attendee feedback was captured and reviewed by each AzHIP priority team with the intent of including as much as possible for the first 18-24 months of the plan. Additional ideas can be found on the [Forum Suggestions](#) page as they will be reviewed periodically throughout the life of this 2021-2025 AzHIP and incorporated into the action plans whenever possible.

**Note:** Leading organizations of tactics and/or action steps have been noted in parentheses.

# Health in All Policies/Social Determinants of Health

**Social Determinants of Health:** the impact of “place” on health

The social determinants of health are defined by the CDC as the “conditions in the places where people live, learn, work and play that affect a wide range of health and quality of life risks and outcomes.”

**The social determinants of health include five key areas, each of which reflect a multitude of issues:**



**Economic stability**



**Education**



**Social and community context**



**Health and health care**



**Neighborhood and built environment**



## VISION

No one should experience homelessness. Everyone should have access to a safe, affordable home. Housing opportunities should be equitable throughout Arizona's communities, and health should be considered in housing policy (note: includes development, preservation, rental subsidies). Having a home is fundamental to having optimal health.

## GOAL

Reduce the percentage of households spending more than 30% of income on housing.





During the AzHIP 2020 Annual Summit, housing was overwhelmingly selected as the primary issue for the social determinants of health priority area. Housing is a significant concern in Arizona and among Arizona's public health community. Having a safe, stable, affordable place to call home is a critical component for people to live healthy lives. When families have to spend a large portion of their income on housing, they may not have enough money to pay for things like food and health care. Families are also more likely to experience stress, mental health problems, and are at an increased risk of disease. Housing is generally considered affordable when a household pays less than **30%** of their income on housing. In Arizona, **48.5%** of households spent more than **30%** of their income on housing in 2018<sup>2</sup>. Healthy People 2030, the national 10-year plan to improve health issued by the U.S. Department of Health and Human Services, has set a target of no more than **25.5%**, encouraging states to expand policies that make housing more affordable.

Arizona, like the rest of the nation, has a shortage of affordable homes. The [2021 National Low Income Housing Coalition's The Gap study](#) identified a shortage of more than **136,000** rental homes that are affordable and available for extremely low income renters in Arizona. There are only **26** affordable and available rental homes for every **100** households with extremely low incomes (at or below the poverty level or **30%** of the area median income). This means only 1 in 4 extremely low-income renters can find an affordable place to live in Arizona.

During the COVID-19 pandemic, the importance of healthy and affordable homes was amplified further as states throughout the nation implemented stay-at-home orders. This also led to more households experiencing changes to employment status as non-essential businesses shuttered their doors to help control the spread of COVID-19. The COVID-19 pandemic intensified housing insecurity as job losses and economic pressures have left many Arizonans unable to pay rent and at risk of eviction.

This Social Determinants of Health Action Plan complements significant work already being done throughout Arizona to address the state's housing challenges by a multitude of advocates and organizations. The strategies, tactics, and actions are intended to be implemented over the next two years while embracing a long-term vision and goal.

U.S. Census Bureau, American Community Survey, 2014–2018 American Community Survey 5-Year Estimates



## **Coordinate state housing and supportive service funding to develop consistency and support integration**

### **Tactic A**

**Provide strategic input on the State of Arizona Consolidated Plan, as well as local Consolidated Plans initiated by federal entitlement jurisdictions at the city and county levels**

### **Tactic B**

**Consider and integrate where appropriate, health considerations into the State's Low-Income Housing Tax Credit Qualified Allocation Plan (QAP)**

### **Tactic C**

**Explore models to enhance coordination across the state on housing issues**

### **Tactic D**

**Develop a crosswalk of Medicaid billing codes and community-based health support; and provide training to community organizations in order to increase ability to access federal resources for services**

### **Tactic E**

**Integrate economic support services (e.g., financial literacy, Earned Income Tax Credit, childcare, etc.) in public health programs**





## **Increase financing and funding tools available to develop and preserve housing affordability, while also incentivizing health impacts into these tools**

### **Tactic A**

**Increase robust rental assistance to landlords and tenants (eviction and/or homeless prevention)**

### **Tactic B**

**Increase support for homeowners**

### **Tactic C**

**Support creative privately financed funding sources for housing affordability**



**Nearly half of Arizona households spend more than 30% of their income on housing**





## **Improve government and private sector systems to connect individuals to health and support services**

### **Tactic A**


**Coordinate housing/housing supportive service training across systems, including but not limited to mental health/homelessness, physical health, institutional releases, etc.**

### **Tactic B**

**Improve information systems and data sharing between medical and other care systems to facilitate coordination/referral of individuals to the right resources and track outcomes**

### **Tactic C**

**Secure funding for wrap-around services**



## **Implement strategies in a manner that ensures cultural humility, racial equity, and health equity are a priority**

### **Tactic A**

**Develop actions to contribute to addressing tribal needs in consultation with Tribal Housing Authorities and Health Departments, if requested**

### **Tactic B**

**Develop a state action plan addressing housing concerns for people with substance use disorder**

### **Tactic C**

**Leverage published reports addressing how housing inequities disproportionately impact health outcomes (i.e., lack of access to treatment, higher rates of chronic disease and behavioral health conditions, etc.)**

### **Tactic D**

**Increase awareness and understanding of the connection between health and housing**

### **Tactic E**

**Prioritize funding for implementation of this plan based on the ability to advance equity**



# Detailed Action Plan





# Health in All Policies/Social Determinants of Health

## VISION

No one should experience homelessness. Everyone should have access to a safe, affordable home. Housing opportunities should be equitable throughout Arizona's communities, and health should be considered in housing policy (note: includes development, preservation, rental subsidies). Having a home is fundamental to having optimal health.

## GOAL

Reduce the percentage of households spending more than 30% of income on housing.







## Coordinate state housing and supportive service funding to develop consistency and support integration

### Tactic A

#### **Provide strategic input on the State of Arizona Consolidated Plan, as well as local Consolidated Plans initiated by federal entitlement jurisdictions at the city and county levels**

- Drive increase in participation/input in Consolidated Plan (focus groups with targeted public health professionals/populations/communities) at both state and local levels. (ADHS, Vitalyst Health Foundation, Arizona Department of Housing (ADOH))
- Create a cheat sheet of public and private funding opportunities, using the Arizona Partnership for Healthy Communities' funding document as a starting point. (Arizona Partnership for Healthy Communities)
- Define strategic agenda with a set time period and align efforts to increase impact. (Arizona Housing Coalition)

### Tactic B

#### **Consider and integrate where appropriate, health considerations into the State's Low-Income Housing Tax Credit Qualified Allocation Plan (QAP)**

- Drive increase in participation/input in the QAP (focus groups with targeted public health professionals/populations/communities). (ADHS, Vitalyst Health Foundation, ADOH)
- Define strategic agenda with a set time period and align efforts to increase impact. (Arizona Housing Coalition)
- Review how other states/jurisdictions have incorporated health into their QAP and identify opportunities to leverage best practices. (Vitalyst Health Foundation)

### Tactic C

#### **Explore models to enhance coordination across the state on housing issues**

- Develop a fact sheet and brief with organizations who would play a major role. (Arizona Housing Coalition)
- Develop a document of best practices from other states and counties. (Pima County Community and Workforce Development with Pima County Health Department)
- Initiate a taskforce to advocate for funding housing initiatives as part of healthcare. (Pima County Health Department)



## Coordinate state housing and supportive service funding to develop consistency and support integration

### Tactic D

#### **Develop a crosswalk of Medicaid billing codes and community-based health support; and provide training to community organizations in order to increase ability to access federal resources for services**

- AHCCCS will develop a crosswalk. (AHCCCS, Vitalyst Health Foundation, Corporation for Supportive Housing, Arizona Partnership for Healthy Communities)
- Develop and deliver training to AHCCCS providers. (AHCCCS)
- Develop or expand meaningful partnerships between housing and AHCCCS providers. (AHCCCS, Arizona Partnership for Health Communities)
- Identify gaps in crosswalk and determine how to address them. (AHCCCS)

### Tactic E

#### **Integrate economic support services (e.g., financial literacy, Earned Income Tax Credit, childcare, etc.) in public health programs**

- ADHS will promote earned income tax credit through public health programs. (ADHS)
- Incorporate SOAR initiative (homeless) SSB/Social Security. (AHCCCS, ADOH)
- Enhance awareness of opportunities of EITC and financial literacy (529 accounts). (Wildfire)
- Incorporate economic stability programs into the plan. (Wildfire)





## Increase financing and funding tools available to develop and preserve housing affordability, while also incentivizing health impacts into these tools

### Tactic A

#### **Increase robust rental assistance to landlords and tenants (eviction and/or homeless prevention)**

- Expand Tenant-based Rental Assistance Programs. (Arizona Housing Coalition)
- Educate renters, landlords, and case managers to help people stay in their homes. (Eviction prevention, representation) (Arizona Housing Coalition)
- Explore opportunities to federalize state housing dollars appropriate to AHCCCS through the 1115 waiver. (AHCCCS)

### Tactic B

#### **Increase support for homeowners**

- Promote FHA & VA loan opportunities to promote more affordable housing. (Pima County Community and Workforce Development, Pima County Housing Center, Pima County Health Department)
- Secure additional HUD funding through HOME, shop, and USDA 502 and 504 programs. (Habitat for Humanity Arizona Advocacy Committee)

### Tactic C

#### **Support creative privately financed funding sources for housing affordability**

- Research other states/practices which show cost/benefits of non-housing organizations assistance (example healthcare organizations/large employers ensuring equitable pay and/or housing near the workplace). (Arizona Partnership for Healthy Communities)
- Develop financial planning education which can be provided to individuals. (Housing Counseling Collaborative)
- Identify steps that can be taken over the next two years to work towards increasing livable wages in Arizona. (Wildfire)
- Perform a gap analysis to identify how many housing units are needed – various income levels. (ADOH)
- Leverage public/private/foundation funding streams to blend/braid to expedite housing development. (ADOH)
- Launch an “affordable housing/community development” Impact Team in 2021. (Valley Leadership)
- Host supportive housing academy. (Vitalyst Health Foundation, Corporation for Supportive Housing)



## Improve government and private sector systems to connect individuals to health and support services

### Tactic A

#### **Coordinate housing/housing supportive service training across systems including but not limited to mental health/homelessness, physical health, institutional releases, etc.**

- Work with AHCCCS workforce development to create housing supportive service standards within the AHCCCS/Medicaid system, and deliver standards to other systems of care. (AHCCCS)
- Secure funding for initial training. (ADHS)
- Work with HUD to reduce barriers and loosen restrictions for project jurisdictions to administer funds. (Habitat for Humanity Arizona Advocacy Committee)

### Tactic B

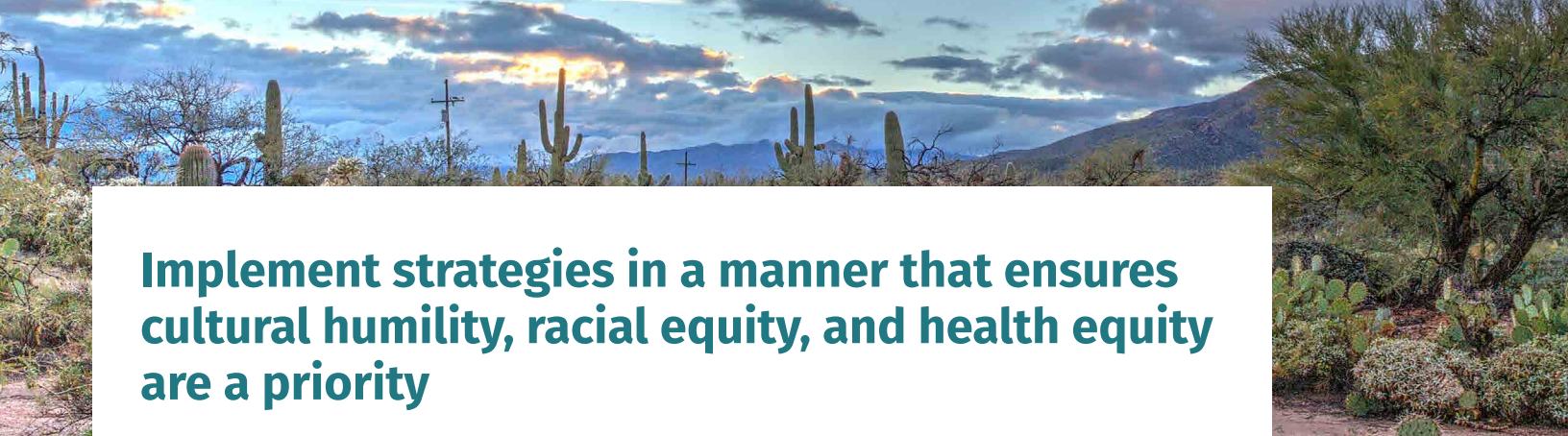
#### **Improve information systems and data sharing between medical and other care systems to facilitate coordination/referral of individuals to the right resources and track outcomes**

- Align stakeholders with a closed loop referral system to ensure appropriate referral was made and service delivered. (AHCCCS, Health Current)
- Leverage statewide accepted release of information and include training and education for health providers and community-based organizations. (AHCCCS, Health Current)
- Integrate food assistance and health assistance programs application efforts. (ADHS)

### Tactic C

#### **Secure funding for wrap-around services**

- Include in the above crosswalk. (AHCCCS)
- Integrate into the Whole Person Care initiative. (AHCCCS)



## Implement strategies in a manner that ensures cultural humility, racial equity, and health equity are a priority

### Tactic A

#### **Develop actions to contribute to addressing tribal needs in consultation with Tribal Housing Authorities and Health Departments, if requested**

- Consult and engage with tribal leaders and communities on housing and health on an ongoing basis. (ADOH, ADHS, AHCCCS)
- Explore opportunities to support the needs of tribal communities. (ADOH, ADHS, AHCCCS)

### Tactic B

#### **Develop a state action plan addressing housing concerns for people with substance use disorder**

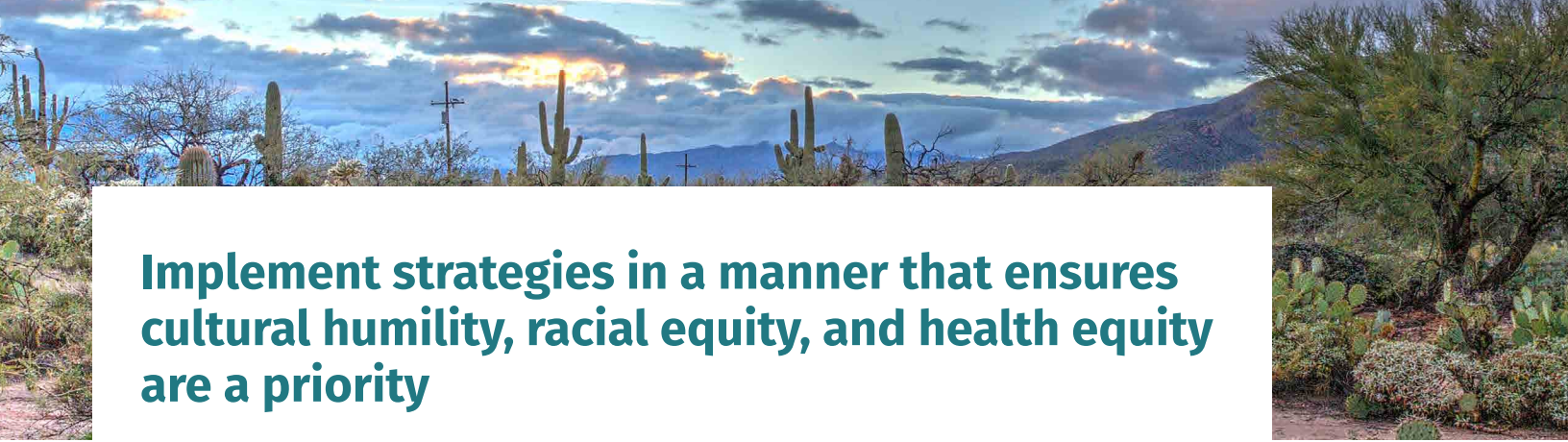
- Participate in CMS Learning Collaborative. (AHCCCS, ADHS, ADOH)
- Develop a state action plan by September 2021. (AHCCCS, ADHS, ADOH)

### Tactic C

#### **Leverage published reports addressing how housing inequities disproportionately impact health outcomes (i.e., lack of access to treatment, higher rates of chronic disease and behavioral health conditions, etc.)**

- Identify and prioritize issues identified in the literature; link with County Health Improvement Plans. (ADHS)
- Utilize fatality review programs to identify housing issues impacting health. (ADHS)





## Implement strategies in a manner that ensures cultural humility, racial equity, and health equity are a priority

### Tactic D

#### **Increase awareness and understanding of the connection between health and housing**

- Develop a public awareness campaign that housing is healthcare and promote understanding of the return on investment. (Health Choice Arizona, ADHS)
- Increase awareness and adoption of social determinants of health into affordable housing development and community development projects. (Home Matters to Arizona)
- Develop a communications plan supporting the importance of housing to health. (ADHS)

### Tactic E

#### **Prioritize funding for implementation of this plan based on the ability to advance equity**

- Provide grants to community organizations to implement actions with an equity lens. (ADHS)
- Work with county health departments to implement and/or expand housing related activities into community public health practice. (ADHS)

# Plan Implementation

The AzHIP is an important resource for all Arizona public health system partners. Organizations can align their work with the overarching statewide goals and objectives for health improvement in these priority areas or identify strategies for their own health improvement efforts.

This is a living document intended to be monitored and evolve during its duration. These strategies and tactics are an important starting point in addressing the priorities, but it is expected they will continue to develop as teams begin working to implement them. Progress to this plan will be communicated via periodic newsletters, annual reporting, and the annual AzHIP Summit. Updates will also be posted to the ADHS website.

Numerous forums were held during the development of this plan. While valuable suggestions were incorporated, additional ideas captured were not included in the first version of the plan. A complete list of these suggestions can be found [here](#) to reference and incorporate into future planning.

A sincere thank you to the dedication of those who developed this plan.

# Appendix

## Priority Core Team Members

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